



# Conflicts of interest and the DSM V

---

Lisa Cosgrove, PhD

University of Massachusetts, Boston

Edmond J. Safra Center for Ethics


Harvard University



# Institutional corruption in psychiatry

---

What does “evidence-based medicine” mean in an industry dominated climate?



---

it is often through scientific narratives  
that appear convincing—not  
conspicuous marketing –that  
BigPharma exerts its influence

Matheson 2008



# Why psychiatry is different than other medical sub-specialties

---

- Lack of biological markers (i.e., there is no blood test for depression) renders psychiatry particularly vulnerable to undue industry influence



# When diagnostic guidelines are unduly influenced by industry

---

Patients may be assigned diagnostic labels that are not valid

They may also be receiving imbalanced or even inaccurate information about their mental health treatment options




# Diagnosis informs treatment

---


Individuals may be offered antidepressants or antipsychotics as front-line interventions

even though the iatrogenic harms of the drugs outweigh their benefits.



---

Has increased transparency  
changed the composition of the  
DSM V task force and work  
groups?



---

**Yet the APA leadership maintains that the DSM-5 Task Force and Work Group members don't have conflicts of interest that would influence the development of DSM-5**






---

“The APA is strongly committed to a transparent process of development for DSM, and to **an unbiased, evidence-based DSM, free from any conflicts of interest.**”

To ensure an unbiased DSM-5, the APA’s Board of Trustees required that all task force and work group members abide by a set of guiding principles and disclosure policies”

(American Psychiatric Association, [dsm5.org](http://dsm5.org) , emphasis added)



---


“Disclosure was required for the period of time three years prior to each person’s nomination to the task force or work group. . . . The APA is providing active oversight of these disclosure policies”


(American Psychiatric Association, [dsm5.org](http://dsm5.org) , emphasis added)

# A Shell Game?

---

Exclusions allowed by APA leave room for continued industry influence:  
“Industry entities do not include clinical practices, hospitals, *nonprofit organizations*, managed care organizations, university-based lectures, and similar activities.” (DSM5.org, emphasis added).


- 
- 
- Requiring a temporary hiatus on certain kinds of industry relationships during panel members' tenure on the *DSM* will not solve the problem of undue industry influence.
  - **Transparency alone cannot mitigate implicit or unconscious bias.**



DSM panel members with industry ties can unduly influence the inclusion of new disorders and the expansion of old ones

---

- PMDD
- “Pediatric” Bipolar (Bipolar NOS)
- Attenuated Psychotic Risk Syndrome



# Rationale for inclusion of PMDD in DSM V: The “drug narrative”

---

... there is already some acceptance for PMDD as an independent category from Federal regulators in that several medications have received an indication for treatment of PMDD. (APA, DSM5.org)

# Think it's PMS? Think again: It could be PMDD

---





It's not that everything is bad  
it's that everything is dangerous

Foucault, 1983

---

Transparency may be  
'dangerous' insofar as it  
gives the appearance of  
controlling for undue  
industry influence





---

It is difficult to get a man to understand something when his salary depends upon his not understanding it

Sinclair Lewis